	PATENT		3100 -177 °										
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENT	11 1 1	OR	OTHER	
TO	OTAL CLAIMS		17				1	RATE	T	FEE	7	RATE	FEE
FC)R	NUMBER	FILED	NUMBER EXTRA			BASIC F	EE :	375.00	OR	BASIC FEE		
TC	TAL CHARGE	(7 minus 20=		*	0		X\$ 9=	.		OB	X\$18=		
INE	EPENDENT C	LAIMS	3 m	nus 3 =	*	Ó						X84=	
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT				7				OR	∧04≡	
* If the difference in column 1 is less than zero, enter "0" in column 2								+140=			OR	+280=	
								TOTAL	- <u>L</u>	775	OR	TOTAL	
70	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							SMALI	L EN	ITITY	OR	OTHER SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT	1	NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	T	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
ON.	Total	. 17	Minus	# 2	۷	= -		X\$ 9=		1	OR	X\$18=	
AM	Independent	* 3	Minus		<u>5</u>	= _		X42=	T		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=	1	1	OR	+280=	
								TOTA			OR	TOTAL ADDIT, FEE	
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST												
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	TI	NDDI- ONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	Т		OR	X\$18=	
AME	Independent	*	Minus	***		=		X42=	1		OR	X84=	
	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	ENDENT	CLAIM		-	.140	\dagger				
							L	+140= TOTA	-		OR	+280= TOTAL	
											OR ,	ODIT. FEE	
		(Column 1) CLAIMS		(Colum HIGHE		(Column 3)	_		.	·			
AMENOMENT C		REMAINING AFTER AMENDMENT		PREVIOUS PAID F	USLY	PRESENT EXTRA	L	RATE	TI	DDI- ONAL EE		RATE	ADDI- TIONAL FEE
Š	Total	*	Minus	**		ş		X\$ 9=			OR	X\$18=	
A BE	Independent	*	Minus	***		=		X42=	T		ı	X84=	
	FINOI PHESE	NTATION OF MU	LIPLE DEP	ENDENT	CLAIM		-	+140=	+		OR		
• H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										OR	+280=	
****	the "Highest Nur f the "Highest Nur	mber Previously Pa mber Previously Pa	id For IN THIS id For IN THIS	SPACE is	less than	20, enter *20.*		TOTAL DIT. FEE			OR A	TOTAL DDIT. FEE	
	III RIGNOST NUM	ber Previously Paid	For (Total or	Independer	nt) is the	highest number f	louni	d in the ap	prop	riate box	in colu	mn 1.	

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